

**\*\*CONSENT FOR RELEASE OF PERSONAL RECORDS\*\***

**NAME OF FEDERAL AGENCY:** \_\_\_\_\_  
(i.e., Social Security Administration, U.S. Army, Medicare, etc.)

**To Whom It May Concern:**

I, \_\_\_\_\_, have sought assistance from Congressman Jim Nussle  
(Print Full Name)  
on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

**I hereby authorize you** to release all relevant portions of my records or to discuss problems involved in this case with Congressman Jim Nussle, or any authorized member of his staff, until this matter is resolved.

\*\*\*\*\*

(Briefly explain the problems experienced and what is being asked of the Congressman):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State & Zip) \_\_\_\_\_

(County) \_\_\_\_\_ (Telephone) \_\_\_\_\_

(SS#/Other ID#)

\_\_\_\_\_

\*\*\*\*\*

If you wish information to be provided about your case by Congressman Nussle's office to a parent, child, attorney, or any other interested party, please indicate below:

I authorize \_\_\_\_\_ to receive information from Congressman Jim  
(Name of parent, child, attorney, other interested party)  
Nussle relative to my case.

\_\_\_\_\_  
(Signature)

**PLEASE RETURN THIS FORM TO:**

**Congressman Jim Nussle, 712 West Main Street, Manchester, IA 52057**